



SOCIAL WORK PROFESSIONAL ADVISORY GROUP OF THE COMMISSIONED  
CORPS OF THE US PUBLIC HEALTH SERVICE

# SWPAG NEWSLETTER

## INSIDE THIS ISSUE:

**AP Hill Experience** 1

**SWPAG Spotlight** 2

**Deployment  
Opportunities** 3

**AP Hill Continued** 4

**Service Access Teams** 5

**Social Work Research 6  
in the News**

## 2009 MEETINGS

**SWPAG** HS-PAC

Oct 8th Oct 2nd

Dec 10th Dec 4th

SWPAG Newsletter created by

Communications Committee

CDR Douglas Mowell

LCDR Christopher Cline

LT Christina Coriz

LT Jonathan White

VOLUME 1, ISSUE 2

OCTOBER 2009

## AP HILL EXPERIENCE

By LCDR Carlos R. Castillo



In June 2009, RADM David Rutstein, Director of the Office of Force Readiness and Deployment (OFRD), disseminated a letter announcing new deputy team leaders and setting the dates for a series of five weeklong field trainings scheduled August 2-September 12, 2009. Thus began the largest and most ambitious field training efforts

### **Pictured Above: MHT 3**

to date in OFRD's history, providing training to approximately 2,000 commissioned officers (1,600 from Tier I and II teams and 400 from Tier III rosters), through both instruction and field training exercises at Fort AP Hill, in Bowling Green, Virginia.

The training schedule was

flexible enough to accommodate officers for whom scheduling issues required participation on alternate dates. I was able to train with MHT 3 (August 23-29) even though I am part of Mental Health Team 5, whose scheduled training week was in early August.

*Article continued on page 4*

*The mission of the U.S. Public Health Service Commissioned  
Corps is to protect, promote, and advance the health and safety of  
our Nation*



# SWPAG SPOTLIGHT



**LCDR Dwayne L. Buckingham**, a licensed clinical social worker is contributing to the outstanding image PHS officers are exemplifying in various DoD settings. In accordance with the DoD-PHS Partnership in Mental Health Initiative,

LCDR Buckingham was detailed to the National Naval Medical Center (NNMC), Adult Behavioral Health Department Clinic in April 2009 to provide individual, family, couples and group psychotherapy to military troops and their dependents.

Shortly after arriving on board, LCDR Buckingham established a reputation for providing outstanding couples and group counseling to distressed military troops and their family members. He is highly respected as one of the leading marriage and family counselors within the

Adult Behavioral Health Department Clinic and has earned the nickname "Love Doctor" from his commanding officer and department head, CDR Mark West and colleagues. The nickname according to CDR West reflects LCDR Buckingham's expertise in the field of marriage counseling and commitment to serving those who serve others. LCDR Buckingham spearheaded and currently facilitates the first and only "Unconditional Love - Relationship Enhancement Group" within the department and uses his recently published book entitled, *Unconditional Love: What Every Woman and Man Desires in a Relationship*, to facilitate group discussions.



**CDR West and LCDR Buckingham**

CDR West reported that LCDR Buckingham brings outstanding clinical and leadership skills to the clinic. In addition to his primary clinical duties, he also serves as

a Licensed Independent Practitioner (LIP) for the Substance Abuse Rehabilitation Program (SARP). As a Licensed Independent Practitioner, LCDR Buckingham is responsible for supervising up to three active-duty substance abuse rehabilitation counselors. He provides direct face to face supervision with counselors to ensure thorough evaluation and treatment of beneficiaries in substance abuse cases; oversees counselors' use of a variety of substance abuse related evaluation instruments and interprets results; and analyzes and evaluates information concerning the patients' substance dependency and advises counselors as to the treatment plan and development. He enthusiastically accepted the leadership position and will serve in this supervisory capacity over the course of his tour at the National Naval Medical Center.

As an educator, LCDR Buckingham recently conducted stress management training for over 200 hundred military and civilian personnel in support of NNMC's annual readiness goal to reduce workplace stress. He received excellent ratings and was lauded by CDR Patricia Kisner, assistant director for mental health and team leader for the readiness goal. CDR Kisner said, "It was a great class designed to empower staff members to look at what things they can and cannot change in their lives and then let go of those they have no control over." LCDR Buckingham's self-created stress management antidote to workplace stress was published in the base journal for the entire workforce to read.

Since arriving at the National Naval Medical Center in April 2009, LCDR Buckingham has provided psychological assessments, treatment and therapeutic consults to over 140 distressed troops and beneficiaries and has been a great asset to the mental health team. His desire to serve others is reflected in his impressive uniformed service record. Prior to receiving his commission with U.S. Public Health Service in November 2006, LCDR Buckingham received five commendation medals for serving others over his eight year career in the U.S. Air Force from August 1998 to August 2006. LCDR Buckingham's exemplary performance and contributions at the NNMC highlights the outstanding work that PHS social workers are doing under the one year old DoD-PHS Partnership in Mental Health Initiative.

*"Unconditional Love: What Every Woman and Man Desires in a Relationship"*

## Deployment Opportunities for Social Workers on PHS Mental Health Teams

*First in a series on social work deployment opportunities on OFRD Response Teams*

By LT Jonathan D. White

Social workers, both in and out of uniform, serve communities and the nation every day, and the social work profession has been called “the backbone of America’s mental health system.” For social workers who have chosen to serve in the uniform of a Commissioned Corps officer, there are numerous opportunities to put social work skills to use for communities and our country on Tier I and Tier II response teams. In a series of articles, the *SWPAG Newsletter* will introduce officers who have never been on a pre-configured deployment team to some of these opportunities for social workers.

Among the US Public Health Service Commissioned Corps’ assets to respond to a health crisis are the five Tier II Mental Health Teams (MHTs). These 26-member teams are “on-call” for deployment on 36 hours’ notice every fifth month to provide mental health expertise in response to a crisis. Team members train to work together and to fulfill their individual team roles, and both a three-year commitment and supervisory approval to join are expected.

MHTs are non-geographically-based, with officers on any given team stationed in billets across the country, and much of the teams’ training and planning takes place using the Internet and teleconferences. But despite that geographic dispersion, the teams are characterized by a close camaraderie forged in the challenges of deployment.

“For me, the best part of being on my MHT is that everyone on the team has such an amazing level of skill and knowledge, and we learn so much from each other. That learn-

ing, and that camaraderie, just wouldn’t be there for me if I was on Tier III,” relates LCDR Wendy Pettit, a social worker responder with MHT-3.

MHTs are truly multidisciplinary teams, including among other disciplines nurses, pharmacists, physician assistants, psychiatrists, psychologists, social workers, therapists, as well as logistics and administrative officers. For social workers in particular, MHTs are rich in opportunities to use the discipline’s unique professional skill set in order to protect, promote, and advance the public behavioral health of areas affected by disasters.

MHT deployment missions have been varied and complex, and can respond to the mental health impacts of a natural disaster or terror attack, or to a behavioral health disaster such as a school shooting or suicide cluster. “We have been on specifically behavioral health responses, such as suicide clusters in Indian country, as well as broader disaster mental health missions,” explains CAPT Elise Young, a social worker and the Team Commander for MHT-5.

MHT missions might include provision of direct behavioral health services, or systems-level assessment and intervention designed to help local mental health systems come back “on line” more rapidly. In addition to their work to reduce the mortality and morbidity associated with mental health issues in disaster-impacted communities, MHTs have been involved in force protection efforts to mitigate the psychological hazards to PHS and other responders exposed to traumatic events.

According to OFRD’s MHT Fact Sheet, among the capacities of all MHTs are

“incident assessment and personnel assessment (diagnosis and treatment); screening for suicide risk, acute and chronic stress reactions, substance abuse, and mental health disorders; supporting development of behavioral health training programs for impacted populations; specialized counseling; and psychological first aid, crisis intervention, and time-limited counseling for serious mental illness and/or substance abuse.”

The formidable challenges and commensurate rewards of being part of a MHT represent particular opportunities for officers with a social work background. “I think social workers—and this might be my bias—do really well on teams like this,” CAPT Young reports.

“Social workers bring expertise not only in clinical work, but also in rapid assessment and intervention, in systems thinking, and in functioning as part of an interdisciplinary team,” notes CDR Jeasmine Aizvera, a social worker and Deputy Team Commander of MHT-5.

“Deployment with an MHT is a good extension of the skills I use in my everyday clinical duties, but it gives me an opportunity I don’t usually have to see firsthand an immediate impact of my work in the life of someone in a horrible situation,” LCDR Pettit reports.

“What one envisions a deployment will be like is often very different from the actual experience,” CAPT Young wryly observes. “That’s a time to really tap into those social work assessment and intervention planning skills.”

PHS social workers interested in learning more about or joining a Mental Health Team are encouraged to contact OFRD  
<http://ccrf.hhs.gov/ccrf/contact.htm>.

Next issue: deployment opportunities for social workers on Tier I Rapid Deployment Force teams.



## AP HILL EXPERIENCE

*Continued from front page*

Among the teams present were the Applied Public Health Team (APHT), Mental Health Team (MHT), Rapid Deployment Force Team (RDF), and the newly created Service Access Team (SAT), Regional Incident Support Team (RIST), and National Incident Support Team (NIST). Volunteers from the Medical Reserve Corps (MRC) were also active participants. In all, we were 279 trainees.

Health Services Officers are eligible to serve on teams including RDF, APHT, MHT, and SAT. USPHS teams and the Medical Reserve Corps play vital roles in the US Department of Health and Human Services' mission to meet Emergency Support Function (ESF) 8, health and medical response, in national crises.

Participating in a weeklong training effort and field training exercise provided participating officers with an opportunity to see firsthand how these teams work together before having to do so in the field. ORFD thus created "Operation Charybdis" for us-- a theme derived from Homer's epic *The Odyssey*. Focused on the need to simultaneously manage a natural disaster and disease outbreak, the operation was designed to convey the message is that when PHS officers deploy, they may be placed between a rock and a hard place.

The training was developed to build resiliency, enhance team cohesion, im-

prove operational readiness and foster cross-cultural expertise. The first three days were comprised of classroom instruction and seminars, which included a discussion of the Concept of Operations (CONOPS). We studied how USPHS responds to emergencies, and how the teams are activated and integrated according to their respective roles. Teams also had the opportunity to split and conduct their own team-specific educational seminars and training.

Training at AP Hill is part of the Corps' larger strategic plan to organize, train, equip, and roster medical, mental health, administrative, logistical, and public health professionals in pre-configured and deployable teams to respond to disasters and events of national significance.

Participants participated in a leadership reaction course, designed to foster unit cohesion in problem solving through a series of physical and mental challenges.

These first few days' preparation led to the culmination of the training, a large-scale field training exercise (FTX), simulating a complex crisis response operation.

For me, this experience was both educational and enjoyable, because each officer was given the opportunity to portray the role of a patient

for half the exercise, then to step into his or her own boots as a responder. We were each able to see both sides of the equation.

I was moulaged as a patient with a broken nose. Later on, I was a drug addict seeking medicine. During the FTX, there were a number of "teachable moments," where in the midst of the exercise, one of the expert trainers would stop the action, gather everyone and give us on-the-spot feedback.

Some of the take-home messages that I learned and would like to share with those who were not able to participate this year are the following:

Safety is first. Be flexible. Be a collaborator. The biggest preparation is the mental preparation. It's crucial to get to know your team members. Balance out followership and leadership. Dance between situational awareness and situational control. Communication is essential. It's important to figure out what you want vs. what you need. Everyone is a responder. You are not your typical clinician during disasters. Keep the mission up front. How you approach it, makes a difference. Everyone can triage at the very basic knowledge. Status quo is not acceptable. Always have a plan B—surge thinking. Address by planning. Plan for the worst case scenario. Learn from others' mistakes. Quickly adjust and make it clear. Execute!

I feel privileged that I was able to participate in this training. I met fellow officers and learned about what they do in their regular billets. I met dedicated professionals in OFRD who put this training together so that

we can learn to become better responders. Training at AP Hill gave me the chance to experience an environment filled with esprit de corps and camaraderie. Since these trainings are expected to become an annual part of the Corps experience, I encourage each of you to take advantage of this training in the future when given the opportunity.



*Left picture: MHT#5 on the Leadership Reaction Course – The team is negotiating a "River Crossing" with two wooden boards of different lengths and different widths. CDR Jeasmine Aizvera is negotiating the crossing very*



*Injured patient at AP Hill Training Exercise*



*CDR Elenberg receiving a gift signed by each of the MHT 5 members.*



*Dr. Sorkin (psychiatrist) engaged in assessing a mental health patient during the Exercise*



*Inside the FMS where patients have been triaged and sent to either a green, yellow or red zone for treatment. The man in the blue shirt is an evaluator who is assessing the proficiency of the team providing services to the injured patients.*



*Inside the bus transporting MHT #5 to classes. CDR Costello and LCDR Coons are in the front seat.*

## Services Access Teams (SAT) Prove Their Stuff at Fort A.P. Hill.

**By CDR Christopher McGee, LCSW, BCD**

Services Access Teams (SAT) are a new concept from OFRD. SATs were conceived from lessons learned from previous OFRD responses to Hurricanes Katrina, Ike, and Gustav. Recently a SAT field training experience was conducted at Fort AP Hill, Virginia. The Fort AP Hill field training was the first time SATs have been deployed in any capacity.

I had the pleasure of being the Team Commander for SAT 3. My team was made up of 21 Officers. Nine of the officers were actual team members of SAT 3 and the remaining officers came from SAT 1, SAT 2, SAT 4, as well as one Tier III officer (who will now be a full time team member of SAT 3). SAT 3 served with other OFRD Tier II deployment teams, as well as officers from the Tier I Rapid Deployment Force 3 team and Tier III officers. The week included classroom learning on topics ranging from use of the Electronic Medical Record in Field Medical Stations to Introduction to the Disaster Case Management model. Additionally, selected officers were provided with advanced training on communications and information technology.

The highlight of the week was a 24 hour disaster drill which provided the opportunity for all the teams to work together in response to a mock hurricane in conjunction with a H1N1 outbreak. Turning absolute chaos into a semblance of order to meet the mission objective was the challenge. It was an amazing sight to watch an entire group of PHS Officers from multiple and different deployment teams, many of whom have never deployed in a real world situation, coming together to open a Field Medical Station. The teams met the demands of the mock drill with smooth efficiency.

The experiences of Hurricanes Charlie, Katrina, Ike, and Gustav have demonstrated that in times of national crisis there is an implementation imperative for a coordinated effective public health response. The Fort A.P. Hill experience served to demonstrate once again how PHS Officers thrive on challenge. The Officers used their prior knowledge and backgrounds to address a myriad of obstacles and demonstrated the Services Access Teams are up to the challenges.

To all those who participated I say well done, and to all those who are interested in joining a SAT please contact the Office of Force Readiness and Deployment.

## Social Work Research in the News

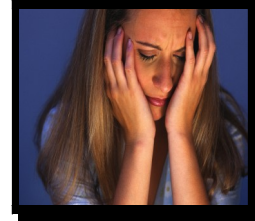
By LCDR Anita Glenn-Reller

### Postpartum Depression

Researchers, Ruth Paris, Ph.D., Assistant Professor of Clinical Practice at Boston University's School of Social Work, Rendelle E. Bolton, a graduate student at the BU School of Social Work and M. Katherine Weinberg, Ph.D., published a two year study on postpartum depression including new mothers with suicidal thoughts.

The study found that in the highly suicidal group, these women had jobs prior to becoming mothers – a significant life changing experience where they left behind their working identity in a predictable and controlled

environment where they felt competent, to the unpredictability of caring for a newborn. This dramatic change could have been enough to catapult them into severe post partum depression.



Postpartum depression, they note, occurs in an estimated 19 percent of new mothers and ideas of suicide is considered a common part of this serious mental health problem. To learn more about their research findings, take a look in the September 3rd online edition of Archives of Women's Mental Health. – Above information also obtained/adapted from Science Daily Sept 4, 2009



### Clergy Sexual Misconduct with Adults

**Baylor University's School of Social Work Conducted Largest National Study of Clergy Sexual Misconduct (CSM) with Adults. Among findings, research indicates misconduct is more common than originally thought and occurs across many religious and denominational boundaries.**

**Baylor School of Social work announced on 9 Sept 2009 that more in-depth findings from the study will be published later this year in the Journal for the Scientific Study of Religion.**

**The Baylor team has been working to outline possible initiatives designed to identify and prevent CSM. They plan on drafting model legislation to make CSM illegal in the same way that relationships with patients and clients are illegal for other "helping professionals" including doctors, lawyers and mental health practitioners. At present only two states -- Texas and Minnesota -- have legal statutes in place to guard against CSM. –Above information also obtained/adapted from Reuters PRNewswire Sept 9, 2009 report.**